2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 6, 2006

SIGNATURE:

RED OR PRINTED NAME OF SIGNING

GENERAL PARTNER

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # B05000000523** 1. Entity Name UNA VEZ MAS, LP 06 SEP - 1 AM 10: 29 Principal Place of Business Mailing Address 703 MCKINNEY AVE. SUITE 240 703 MCKINNEY AVE. SUITE 240 C/O UNA VEZ MAS GP, LLC C/O UNA VEZ MAS GP, LLC **DALLAS, TX 75202** DALLAS, TX 75202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #. etc. 08152006 Chg-LP CR2E003 (11/05) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMLIE, KARSTON Street Address (P.O. Box Number is Not Acceptable) 2560 NATURE'S WAY PALM BEACH GARDENS, FL 33410 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title d applicable. FILE NOW!!! FEE IS \$900.00 On or after September 6, 2006, Fee will be \$1000.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. M05000006702 DOCUMENT / STREET ADDRESS UNA VEZ MAS GP, LLC NAME 703 MCKINNEY AVE. SUITE 240 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DALLAS, TX 75202 500079733445 DOCUMENT # STREET ADDRESS 99/12/96--91966 **300 00 NAME STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP DOCUMENT **#** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Randy E. Nonberg, President, Una Vez Mas GP, LLC 8/30/06

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